

USER FORM: Facility Access Request

Complete and return this form to the appropriate ADL staff **AFTER** completing all prerequisite training for the ADL-managed facilities you wish to access.

SECTION I: USER INFORMATION

Name	
Email	
Dept. / Org.	

SECTION II: PREREQUISITE TRAINING

I have completed the following training:

- RCF Orientation
- BU Lab Safety
- Bloodborne Pathogens (BBP)*

SECTION III: FACILITY ACCESS

I request card access to:

- Materials Science Core Facility (MSCF)
- Health Sciences Core Facility (HSCF)*
- Surface Science Core Facility (SSCF)
- Nanofabrication Laboratory (NLAB)

User Signature: _____ **Date:** _____

*HSCF access requires Bloodborne Pathogen (BBP) Safety Training due to BBP exposure risks.

Updated — October 28, 2024